

**NEW JERSEY DEPARTMENT  
NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
AIR QUALITY PERMITTING**

**GENERAL PERMIT REGISTRATION FORM FOR  
Methylene Chloride or 1,1,1 Trichloroethane Solvents  
SOLVENT DEGREASING OPERATIONS**

**SECTION A: FACILITY PROFILE**

Facility ID Number \_\_\_\_\_ Facility Name \_\_\_\_\_

**Street Address**

Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Mailing Address** ☐ Check if same as street address above

Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
Address Line 3 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**County**

County Where Facility Is Located \_\_\_\_\_

**Location Description**

\_\_\_\_\_  
\_\_\_\_\_

**Mailing Instructions  
and Information:**

Mail Registration Form & Fee to:  
NJDEP - Air Quality Permitting Program  
401 E. State Street, PO Box 027  
Trenton, New Jersey 08625-0027

Fee Amount: \$250  
Make checks payable to "Treasurer, State of NJ"

For Assistance, Please call:  
(800) 441-0065 within NJ  
(609) 292-6716 outside NJ

**Industry Information**

Primary SIC \_\_\_\_\_

Secondary SIC \_\_\_\_\_

**Facility Contact**

Contact person (check all applicable boxes)

☐ Owner

☐ Operator

Name _____	Organization _____
Title _____	Organization Type _____
Phone _____	NJ EIN _____
Fax _____	Mailing Address _____
Other _____	Address Line 2 _____
Type _____	Address Line 3 _____
E-mail _____	City _____ State ____ Zip _____

**SECTION B: REASON FOR APPLYING** (Check one)

! New or Existing, Unpermitted Unit(s)

! Permitted Unit(s)

Previous Permit and/or Certificate Number(s):  
(See Instructions, Section B for details)

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**SECTION C: EQUIPMENT INVENTORY**

Emission Unit NJID #	Facility Designation of Emission Unit
U-	

Equipment NJID	Facility Designation of Equipment	Equipment Type (select only one type for each equipment)		Installation Date (mm/dd/yy)	Last Modified Date (mm/dd/yy)	Emission Point NJID
		Batch vapor	In-line vapor			
E -		<input type="checkbox"/>	<input type="checkbox"/>			PT-
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

**SECTION D: POTENTIAL TO EMIT**

This General Permit covers a single or multiple pieces of degreasing equipment using Methylene Chloride or 1,1,1Trichloroethane solvents.

Indicate how the equipment sources in this permit are being registered by selecting one Potential-to Emit (PTE) Option Number from the table below. **Only ONE box** may be checked.

<b>Table A</b> <b>Option for : Methylene Chloride (CAS No. 75-09-2)</b>			
General Permit Option Number	Methylene Chloride Usage Limit (gallons) (Per 12 month)	Methylene Chloride Potential to Emit (TPY)	Minimum Property Line Distance (ft)
<input type="checkbox"/> D-A1	<b>90</b>	<b>0.5</b>	<b>75</b>
<input type="checkbox"/> D-A2	<b>180</b>	<b>1.0</b>	<b>150</b>

<b>Table B</b>			
<b>Option for : 1,1,1- Trichloroethane (CAS No. 71-55-6)</b>			
<b>General Permit Option Number</b>	<b>1,1,1-Trichloroethane Usage Limit (gallons) (Per 12 month)</b>	<b>1,1,1-Trichloroethane Potential to Emit (TPY)</b>	<b>Minimum Property Line Distance (ft)</b>
<input type="checkbox"/> <b>D-B1</b>	<b>90</b>	<b>0.5</b>	<b>50</b>
<input type="checkbox"/> <b>D-B2</b>	<b>180</b>	<b>1.0</b>	<b>50</b>
<input type="checkbox"/> <b>D-B3</b>	<b>270</b>	<b>1.5</b>	<b>50</b>
<input type="checkbox"/> <b>D-B4</b>	<b>360</b>	<b>2.0</b>	<b>50</b>
<input type="checkbox"/> <b>D-B5</b>	<b>450</b>	<b>2.5</b>	<b>50</b>
<input type="checkbox"/> <b>D-B6</b>	<b>540</b>	<b>3.0</b>	<b>50</b>

Print the selected PTE Option Number selected: D-\_\_\_\_\_

#### **SECTION E: CERTIFICATION**

"I certify under penalty of law that I believe the information provided in this document is true, accurate, and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

\_\_\_\_\_  
Name of Individual Title Signature Date  
With Direct Knowledge

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attached documents and, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information."

\_\_\_\_\_  
Name of Responsible Official Title Signature Date

For Department Use Only	PER#	Fee
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**INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM FOR  
Methylene Chloride or 1,1,1 Trichloroethane  
SOLVENT DEGREASERS**

**SECTION A: FACILITY PROFILE**

**Facility (ID Number & Name)** - Enter the New Jersey air pollution facility identification number (ID) followed by the facility name for which the General Permit is being registered. The ID is a five-digit number assigned by the New Jersey Department of Environmental Protection. Your facility name is the one registered with the New Jersey Secretary of State, under which your facility does business.

**Street Address** - Enter the address of the facility where the equipment to be permitted is physically located.

**Mailing Address** - Enter the facility's mailing address. If it is the same as the facility location, check the box provided.

**Mailing Instructions & Information** - Once the General Permit Registration Form has been completed, it should be mailed along with the appropriate fee(s) to the New Jersey Department of Environmental Protection at the address listed on the front page of the Registration form. The fee is \$250.00 per General Permit Registration Form submitted. Make checks payable to: Treasurer, State of New Jersey.

**County** - Enter the county in which the facility is located (**not the mailing Address County**).

**Location Description** - Describe the facility's location if it is difficult to find using the street address. If you have to give a visitor directions to your facility, consider showing them here. (*Example*: Two miles down the access road that leaves state highway 29 at mile marker 10.? )

**Industry Information** - Enter the facility's four-digit primary and secondary (if any) Standard Industrial Classification Codes (SIC) or equivalent. Use the codes registered with the US Department of Labor. You may also refer to the SIC manual from the U.S. Office of Management and Budget or equivalent industrial classification code.

**Facility Contact** - Check the box indicating the facility contact person for this General Permit Registration. If the owner and operator are the same, check both boxes. Enter the following information for the Facility Contact: Name, title, phone and fax numbers, other phone numbers and type (*Example*: pager, toll free, cell phone), e-mail address, the organization that the contact person works for; organization type (federal, local, public, private, state or utility); the New Jersey Employer Identification Number (EIN); and mailing address.

**SECTION B: REASON FOR APPLYING**

This section of the General Permit Registration Form provides the Department with the reason the General Permit Registration Form is being submitted.

**New or Existing, Unpermitted Equipment Source(s)** - Check this box if this application is being filed for a unit(s) for which no current permit exists.

**Permitted Equipment Source(s)** - Check this box if this application is being filed to supercede an existing permit(s) covering a single or multiple units.

**Previous Permit or Certificate Number** - If the equipment source(s) which are covered by a previous permit or certificate, list the previous permit or certificate number (s).

### **SECTION C: EQUIPMENT INVENTORY**

**Emission Unit NJID** - A facility may do either one of the two following:

- 1- Enter a unique 6 digit identification number (*example*: U-000010) for the degreasing equipment group covered by this General Permit. Once a number is used to identify the degreasing equipment group or any another piece of equipment at the facility, the same number cannot be used to identify any other piece of equipment at the facility. (*Note*: If the 6 digit identification number the facility enters is incorrect or conflicts with any number registered with the Department, then the Department will assign an appropriate number for the equipment);  
OR
- 2- Leave this line blank and the Department will assign an appropriate 6-digit identification number for the degreasing equipment group covered by this General Permit. The Department will not assign the same two numbers for any piece of equipment registered for the facility.

**Facility Designation of Emission Unit** - Enter the name by which the facility identifies the degreasing equipment group. (*Example*: Vapor Degreasers located at Terminal A).

**Equipment NJID** - see **Emission Unit NJID**

**Facility Designation of Equipment** - Enter the type and a given name of the unit (may want to check with your Maintenance Department for consistency) at the facility by checking the appropriate box. If the equipment was previously permitted the same designation should be used as before.

**Equipment Type** - Check the box of the appropriate type of degreaser for each piece of equipment (i.e. cold, heated, Batch vapor or In-line vapor). One and only one box should be checked for each piece of equipment.

**Installation Date** - Enter the date on which the degreaser was installed

**Last modification Date** - Enter the date on which the degreaser was most recently modified (if any).

**Emission Point NJID**- see **Emission Unit NJID**

### **SECTION D: PERMITTING SCENARIOS**

This General Permit covers a single or multiple pieces of equipment using Methylene Chloride or 1,1,1 Trichloroethane solvents. Maintaining records of purchase invoices, deliveries, and production shall monitor the annual limits on solvent usage. Indicate how the equipment in this permit is being registered by selecting one General Permit Number from one of the six options listed D-A1,D-A2or D-B1 Through D-B6. Only ONE box may be checked in the table. The number checked should also be entered on the line below the table.

### **SECTION E: CERTIFICATION**

Print or type the Name and Title of the Individual with Direct Knowledge or Responsible Official. Sign and date the application with an original signature.

**Individual with Direct Knowledge** - Individual listed as the contact person or any person with direct knowledge of and responsibility for the information contained in the General Permit Registration Form. This may or may not be the same person who signs as the Responsible Official defined below.

**Responsible Official** - Any company executive charged with environmental responsibilities. A Responsible Official as defined in N.J.A.C. 7:27-1.4 is as follows:

For a corporation: a president, secretary, treasurer, or vice-president of the corporation; any other person who performs similar policy or decision making functions for the corporation; or a duly authorized representative responsible for the overall operation of a facility (plant manager, etc.).

For a partnership: a general partner.

For a sole proprietorship: the proprietor

For a government agency: either a principal executive officer or ranking elected official.